CAMPAIGN DISSLOSURE BD FOR INSTRUCTIONS, SEE BACK OF FORM **DISCLOSURE SUMMARY PAGE** 

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

statements and reports filed by all committees for state office must be filed

electronically. Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

COMMITTEE NAME (Must be same as on Statement of Organical Committee NAME)	panization)		ORM	
Citizen's for Heland		DR-2 DISCLOSURE		
IMPORTANT: Indicate by # hope of committee you are reporting for	5		v. 12/2009)	REPORT
A CONTRACTOR CONTRACTOR OF PARTICIPATION	( 2 \State PAC ( 3 \State Party			,
(1) Semeware Semeware (3) County Candidate (6) City Can (4) County Central Committee (5) County Candidate (6) City Can Subdivision Candidate (8) County PAC (9) City PAC (10) School	Board or Other Political Subdivision PAC	(   1	Office Use Or	
11 ) Local Ballot Issue		Con		
CANDIDATE COMMITTEES ONLY:	Political Party (if applicable)			
Candidate Name Jeff M. Heland	Democrat			
Office Sought Des Moines Co Supervisor	District (if Senate or House)			
Late reports are subject to possible civil and criminal penalties. Franchidate's committee, and the chairperson, for any other type of	ursuant to lowa Code sections 688.32A ommittee, is the individual responsible	(7) and 68A. for filing tim	401(3), the ca lety and accur	ndidate, for a ste reports.
Lynthia & Heland	3/9-252-4050 TELEPHONE		1/24/	<u> </u>
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATES	BIGNED
				,
I AM FILING A Jan 19th , 2010	REPORT FOR (1) ELECTION		LECTION YE	AR.
(report date)	Indicate by #	* <u>P.</u> ]		
CHECK IF AMENDMENT TO REPORT DATED		Local Comm	ittees, enter D	ate of Election
		Dou.	7. 200	's
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	County & Lo	unty & Local Committees, enter County in ch Election is held		
(You must continue to the reports until a DK-3 is the	Pd.)		on is need Points Cou	. 4.,
		(343 )	ONES CE	
STATEMENT OF CASH ON HA	ND			
CASH ON HAND at the beginning of the reporting period. (	Total of all funds held by the			
committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	e cash on hand at the end	<b>s</b>	138.88	***************************************
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sch		0.00		
Schedule F: Loans Received total (Attach Schedu		0.00		
Schedule H: Total Sales of Campaign Property (A			0.00	
(Schedule H applies to Candidates' Co				
(SMRSMB II GODING IV STRINGS IV	SUB-TOTAL	s	138.88	
SUBTRACT TOTAL MONEY SPENT THIS PERIO				
Schedule B: Expenditures total (Attach Schedule			0.00	,
		0.00		
Schedule F: Loan Repayments total (Attach Sche			138.00	
CASH ON HAND at the end of this reporting period (if final	report balance must be zero)	\$	136.00	
**UNPAID BILLS (From Schedule D - Attach Schedule D)			0.00	
"IN KIND CONTRIBUTIONS (From Schedule E - Attach Sc			0.00	
**OUTSTANDING LOANS (From Schedule F - Attach Sche	\$	0.00		
CONSULTANT BREAKDOWN (Schedule G Attached?)			_ YES	_ NO
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule H - A	Attach Schedule H)	\$	0.00	
AND A STATE AND A STATE OF THE				

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FAX			Date	124/10		
			Number of pages including cover sheet			
TO: Low A	+ Campain	an Disclosure	FROM:	Brian J. Foecke, LUTCF  deff M. Heland, LUTCF  Agents – New York Life		
				Insurance Company Registered Representatives Offering Securities through		
Phoпе Fax Phone	515·201·	4073		NYLIFE Securities, LLC Member FINRA/SIPC, A Licensed Insurance Agency		
CC:				215 Jefferson Street Burlington, lowa 52601		
	4 - 1		Phone Fax	319 752-5350 319 752-5458		
REMARKS:	☑ Urgent	For your revie		ASAP		
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				: !		

Important: This message is intended only for the use of the individual or entity to which it is addressed and may contain certain information that is privileged, confidential and exempt for disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error; please notify us immediately by telephone and return the original message to us at the following address via the United States Postal Service: New York Life Insurance Company, 215 Jefferson Street, Burlington, Iowa 52601. Please include name and address for postage reimbursement purposes.